

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of )  
CABILLY *et al.* ) Group Art Unit: 1644  
Application No.: 07/205,419 ) Examiner: P. Gambel  
Filed: June 10, 1988 )  
For: RECOMBINANT IMMUNOGLOBULIN )  
PREPARATIONS )  
)

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**AMENDMENT AFTER INTERFERENCE TRANSMITTAL LETTER**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Enclosed is an Amendment After Interference for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- A Terminal Disclaimer and a check for [ ] \$55.00 (248) [ ] \$110.00 (148) to cover the requisite Government fee are also enclosed.
- Also enclosed is a Statement of Related Cases and a Supplemental Information Disclosure Statement with (1) PTO-1449 Form and (17) documents attached.
- Small entity status is hereby claimed.
- Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$355.00 (279) [ ] \$710.00 (179) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) previously submitted \_\_\_, on \_\_\_, for which continued examination is requested.
- Applicant(s) request suspension of action by the Office until at least \_\_\_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

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[ ] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

[ ] No additional claim fee is required.

[X] An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	34-38	MINUS 34 =	24	× \$18.00 (103) =	34 \$72.00
Independent Claims	54	MINUS 3 =	25	× \$80.00 (102) =	160.00 \$80.00
If Amendment adds multiple dependent claims, add \$270.00 (104)					
Total Amendment Fee					196 \$152.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					196 \$152.00

[ ] A claim fee in the amount of \$\_\_ is enclosed.

[X] Charge \$ 152.00 to Deposit Account No. 02-4800.

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The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: October 4, 2001